

Medicaid Managed Care  
Government Rate Implementation  
delayed until Sept. 1, 2012

# MCO APG Implementation

## Definition of a “government rate”

- NYS statute mandates that mental health clinic reimbursement “shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology”. **The term “government rate” is used to represent the Medicaid fee-for-service (FFS) APG rates.**
- “Government rates” apply to Article 31 clinics (free-standing, D&TC and hospital-based)
- Also apply to selected procedures outlined in Part 599 delivered in hospital outpatient departments and Diagnostic and Treatment Centers **not** licensed by OMH.
- Payment of government rates applies to:
  - Medicaid Managed Care
  - Family Health Plus (FHP)
- Plans **not** mandated:
  - Child Health Plus (CHP)

# Plans must pay APG equivalent

- Plans must pay using the APG payment methodology.
- Third party calculation of APGs or processing of APG payments is permissible.
- It is encouraged but not required that the 3M APG Grouper be purchased by the Plans.
- Any system a Plan develops must produce the same payment results as the 3M APG Grouper.
- All levels of crisis must be reimbursed if provided by the clinic in compliance with Part 599 rules.
- Complex Care is not a distinct service but is ancillary to a crisis or individual psychotherapy service. If the underlying service is authorized then the CCM does not need to be authorized.

HCPCS/CPT Codes Requiring Mirroring of APG Payment Under Government Rates Statute - DRAFT

6/20/2012

HCPCS/CPT (and modifier code where applicable)	CPT Procedure - OMH Regulatory Name	Article 31 (OMH) Clinics	Article 28 (DOH) Clinics - Without OMH License	
90801	Initial Assessment Diagnostic & Treatment Plan	X	X	see note 1
90804	Psychotherapy - Indiv 30 mins	X	X	see note 1
90805	Psychiatric Assessment - 30 mins	X	X	
90806	Psychotherapy - Indiv 45 mins	X	X	see note 1
90807	Psychiatric Assessment - 45-50 mins	X	X	
90846	Psychotherapy - Family 30 mins	X	X	see note 1
90847	Psychotherapy - Family & Client 1 hr	X	X	see note 1
90849	Psychotherapy - Family Group 1hr	X	X	see note 2
90853	Psychotherapy - Group 1 hr	X	X	see note 2
90853U5 *	School Based Health Clinic or OMH School Based satellite - Group <1 hr; U5 modifier required	X	X	see note 2
90862	Psychotropic Medication Treatment	X		
90882	Complex Care Management - 15 mins (max of 1 unit)	X		
96101	Psychological Testing - Various	X		
96110	Developmental Testing - limited	X		
96111	Developmental Testing - extended	X		
96116	Psychological Testing - Neurobehavioral	X		
96118	Psychological Testing - Various	X		
99401	Health Monitoring - 15 mins	X		
99402	Health Monitoring - 30 mins	X		
99403	Health Monitoring - 45 mins	X		
99404	Health Monitoring - 60 mins	X		
99406	Smoking Cessation Treatment - 3-10 mins; requires Dx code 305.1	X		
99407	Smoking Cessation Treatment - >10 mins; requires Dx code 305.1	X		
99407HQ *	Smoking Cessation Treatment (Group) - >10 mins; requires Dx code 305.1 and HQ modifier	X		
99411	Health Monitoring Group - 30 mins	X		
99412	Health Monitoring Group - 60 mins	X		
H2010	Injectable Med Admin with Monit & Edu	X		
H2011	Crisis Intervention - per 15 min (max of 6 units)	X		
S9484	Crisis Intervention - per hour (max of 1 unit)	X		
S9485	Crisis Intervention - per diem	X		

Note 1: Physician's modifiers AF, AG, and SA will increase payment for this service by 45%.

Note 2: Physician's modifiers AF, AG, and SA will increase payment for this service by 20%.

\* Code shown also includes required modifier code.

# MMC Reimbursement Requirements for Services Delivered by Article 31 Staff

- Medicaid Managed Care Organization (MCO) must reimburse Part 599 clinic psychotherapy procedures in OMH Article 31 licensed clinics when the procedure is provided by qualified personnel.
  - Subject to MCO UR and determinations of medical necessity
- Effective Sept. 1, 2012.
  - Will remain as long as the NYS Social Work Licensing Exemption remains in place
  - Should the exemption be eliminated, OMH will revise these requirements as appropriate.

# MMC Reimbursement Requirements for Services Delivered by Article 31 Staff

- Qualified Personnel include :
  - All salaried and contracted personnel affiliated with the clinic who are licensed by the NYS Education Dept. and whose scope of practice allows them to deliver Part 599 clinic procedures including:
    - Licensed Clinical Social Worker (LCSW)
    - Licensed Master of Social Worker (LMSW)
    - Licensed Mental Health Counselors (LMHC)
    - Licensed Psychoanalysts
    - Licensed Family and Marriage Counselors
    - Licensed Creative Arts Therapists
    - Licensed Psychologists
    - Psychiatrists
    - Nurse Practitioners in Psychiatry (NPP)
    - Registered Nurses (RN)
    - Physicians

# MMC Reimbursement Requirements for Services Delivered by Article 31 Staff

- Additional reimbursable personnel include:
  - Clinically supervised psychotherapy procedures provided by:
    - Students in a program leading toward a license listed in the previous slide
  - Health monitoring and medication treatment authorized to be delivered in an OMH licensed clinic delivered by:
    - Psychiatrists, physicians, NPPS, PAs
    - Registered Nurses (subject to appropriate orders)
    - LPNs (subject to appropriate orders)
  - MCOs may reimburse OMH licensed clinics for procedures delivered by any staff authorized in OMH regulations and/or guidelines.
  - See OMH guidance for more information.

# APG FFS Reimbursement – Modifier Summary

MODIFIER CODE & VALUE SUMMARY		
Payment Modifiers	CODE	VALUE
Language Other than English	U4	+10% of APG Value
After Hours	CPT 99051	.0759 x Peer Group Base Rate
Physician/Psych Nurse Practitioner	AF,AG,SA	+45% of APG for Assessment & Individual Therapy +20% of APG for Group Therapy (All Clients)
School-Based Group < 1 hr	U5	-30% of APG Value
Off-Site	Use Off-Site Rate Codes	+150% of APG Value for Select Services, limit 1 service per day
National Correct Coding (NCCI) *	59	For Hospital-Based, Multiple Same Day Services
Smoking Cessation Treatment-Group	HQ	Indicates Group service for CPT 99407

\* Not applicable to Medicaid Managed Care

## APG Billing Basics – OMH Rate Codes

- All FFS claims require OMH Clinic Rate Code & Current Procedural Terminology (CPT) Code(s)
- In APGs, rate codes indicate types of services groupings (shown below)
- Injection (CPT 2010) and Medication Treatment (CPT 90862) services may be claimed using either Health or Mental Health rate codes

<b>OMH Clinic Rate Codes</b>			
	<b>Non hospital*</b>	<b>Hospital</b>	<b>FQHC</b>
<b>Base Rate</b>	<b>1504</b>	<b>1516</b>	<b>4301</b>
<b>Off-site Base Rate (available for select children's services and crisis-brief for both adults and children)</b>	<b>1507</b>	<b>1519</b>	<b>N/A</b>
<b>SED Child Base Rate</b>	<b>1510</b>	<b>1522</b>	<b>4601</b>
<b>SED Child Off-site Base Rate</b>	<b>1513</b>	<b>1525</b>	<b>N/A</b>
<b>Health Services (e.g., Health Monitoring, Health Physicals)</b>	<b>1474</b>	<b>1588</b>	<b>N/A</b>
<b>SED Child Health Services (e.g., Health Monitoring, Health Physicals)</b>	<b>1477</b>	<b>1591</b>	<b>N/A</b>
<b>Crisis Intervention</b>	<b>1579</b>	<b>1576</b>	<b>N/A</b>
<b>SED Child Crisis Intervention</b>	<b>1585</b>	<b>1582</b>	<b>N/A</b>

\*Non hospital includes D&TCs, LGUs, freestanding Art 31s, and state operated  
 SED Rate codes not applicable to Managed Care Government Rates

## Financing Government Rates

- The resources to finance the increased payment to clinics are the “Comprehensive Outpatient Program services” (COPS) dollars currently billed by OMH clinics under FFS rate codes for each MMC encounter.
- The state share of the amount has been transferred from OMH’s budget to DOH’s budget.
- Plans will receive an increase to their capitation premiums. This premium adjustment will begin September 2012.

## Timeline & Rates to be Paid

- OMH and DOH have jointly determined that the amount of the payment increase available for “government rates” will be 100% of the APG FFS Medicaid rate (includes Blend for non-hospitals).
- Sept.1, 2012 – Plans are required to pay 100% of the phased-in fee-for-service APG rates (includes Blend for non-hospitals).
  - COPS-only payments will end for dates of service on or after September 1.
  - Specialty Clinics will continue to bill Medicaid FFS directly for Medicaid managed care Seriously Emotionally Disturbed (SED) children.

# APG Reimbursement Elements as they apply to MCOs

- APG Payment Components:
  - Peer group base rates (including quality incentive (QI)), CPT codes, provider-specific blend rates, rate codes
  - APG payment calculation
  - Capital add-on for hospital-based clinics
  - Community Support Program (CSP) will not be included in Blend rates for non-hospital clinics
- Required Payment Modifiers:
  - MD/NPP eligible services
  - Reduced payment for school-based group service (less than 60 minutes)
  - After-Hours Service (OMH license indicates approval for services provided after-hours)
- Required if initially authorized (MCO will authorize for entire course of treatment):
  - Language Other than English

# APG Reimbursement Elements as they apply to MCOs

- Payment for multiple same day services
  - Discounting - 10% for all lower weighted services claimed using the same rate code (temporarily excludes 90862)
- Required Payment for Off-Site services (subject to MCO utilization review and medical necessity determination)
  - For select clinic services (same services allowed as fee-for-service) provided off-site at 150% of the APG rate without modifiers
- Utilization Threshold Payment Reductions
  - **Not** applicable or allowable

# Contracting Issues

- Plans are expected to continue their existing contracts with clinics. Plans are also encouraged to contract with additional clinics.
- Plans are required to make available “in an accessible manner” all Part 599 procedures to all members of their plan.
  - Plans will **not** be required to purchase all Part 599 procedures at each clinic.
- Managed Care Plans may require prior authorization and perform utilization review. FFS Utilization Threshold Payment Reductions will not apply.
- MCOs will continue to submit service encounter data